Commence C

File with: lowe Ethics and Campaign Disclosure Board

Reset Form

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Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION	NS, SEE BACK OF FORM	nga		
	DISCLOSURE	SUMMARY PAGE	ر د	200120	11 8:00
COMMITTEE NAME (Must be	same as on Statement of Ome	nization)			
Houser for	- Supervisor	,	r	FORM	
IMPORTANT: Indicate by # type	of committee		- 1 1	DR-2	Dicci cours
(4) County Central Committee (4)	Standing for Retention Candidate (2	2)State PAC (3)State Party	11	(Rev. 07/2007)	DISCLOSURE REPORT
Subdivision Candidate (8)Count	ly PAC(9)City PAC(10)School E	?)State PAC (3)State Party date (7)School Board or Other Politic loard or Other Political Subdivision PAI	.	For Office Use On	
		The state of the s		Comm. #	
CANDIDATE COMMITTEES Candidate Name			-	Logged In	
_Melvyn J.	Houser	Political Party (if applicable)		Scanned	
Office Sought		Republican	-	Computer	·
- Pottawatta	mie County Supervi	District (if Senate or House)		Audited	
ate reports are subject to possib	ele civil and criminal penalties. Pur	suant to lowa Code sections 68B.32/		8A.401(3), the car	ndidate, for a
Mely/ Ho		712-486-241		11-19-15	./
IGNATURE OF PERSON FILE	ING REPORT	712-486-2461 TELEPHONE	*****	10-19-03 DATE SI	GNED
A	10 1				
AM FILING A UCTOBE	27 19, 2008	REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YEA	R.
<u>.</u>					
(rep	ort date)	indicate by			
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CHECK IF AMENDMENT TO	OREPORT DATED	indicate by	Local Com	nmittees, enter Date	
rep CHECK IF AMENDMENT TO Check If this is final (terminal)	OREPORT DATED	Indicate by: Dissolution Form DR-3.	Local Com	- 04-08 Local Committees,	
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For instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization) Housev for Supervisor			CK THIS BOX IF NDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEI
	ID#	1 2 41			INCOM
10-8-08	CK#	John Dalton 16749 State Orchard Rd Council Aluffs, Faux 21503		\$ 160 00	
····	ID#	Grading Carried 4			<u> </u>
10-9-08	CK#	Gregory Forristall 11917 37025 St Macedonia, lowa 57549		50 -0	
	ID#	Thomas Whitson			<u> </u>
10-14-08	CK#	21597 Highway b McClelland, lowa 51548		5000	
	ID#	71.000 11.000 177 49			
	СК#			:	
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			SUB-TOTAL		***************************************
		TOTAL (if last page		\$ 200°	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule A) FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form	
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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF
AME	NDING FORM

COMMITTEE	NAME (A	flust be same as on	Statement of	Organization
	_			

Houser for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-30-08	ID# CK#	Sam's Club 3221 Manawa Center Dr. Council bluffs, Jour 5/501	Candy for Parades	\$ 57.03
16-1308	iD# CK#	The Daily Nonparal 535 West Broadway Council Bluffs. Iowa	Ads in newspaper	96.00
10-15-08	ID# CK#	The Gazeffe 101 N. Street Neola, Ia 51559	Ads in newspaper	5-3.20
	ID# CK#			7 3.20
	ID# CK#			

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I LIG BOY YAL	'UES TO	CANDIDATES'	COMMITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lower Code 68A 402(3)(i).)

Page	of)

TOTAL (If last page of this schedule)

(for Schedule B)

206.23

Housey fo	rst be same as on Statement of Organization)		00000	SCHEDULE F (Rev. 02/08)	LOANS RECEIVE & REPAIL
TE: This schedule re	ports money loaned to the committee which is deposited FROM LAST REPORTING PERIOD \$ 500	in the committe	e account.	CHECK 1	THIS BOX
1-19.1101 000/0	OANS RECEIVED <u>THIS</u> REPORTING PERIOD e of loan, such as a bank, must be shown if a third party i	is involved. Inc	lude loans from candi	date's personal fu	ınds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	CANE	ELATIONSHIP TO DIDATE (If Applicable	AMOUNT O	FLOAN
				\$	
			····	-	
		_			_
1					
RT II - MONETARY Le	OAN REPAYMENTS MADE THIS REPORTING PERIOD must be reported on Schedule For Indian Committee		(PART I)	\$	
DATE PAID	NAME AND ADDRESS OF LENGTH))		\$	
DATE PAID	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD must be reported on Schedule E — In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)) REL	(PART I) ATIONSHIP TO ATE* (If Applicable)	\$AMOUNT RE	PAID
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DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH F	REL CANDIE	ATIONSHIP TO ATE* (If Applicable) (PART II) GIVEN \$	AMOUNT RE	PAID
DATE PAID MM/ODYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REL CANDID REPAYMENTS L LOANS FOR	ATIONSHIP TO ATE* (If Applicable) (PART II) \$	AMOUNT RE	PAID